U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

ZIMS	1				
1. File Number U - \$\frac{1}{2}\text{8}		2. Fiscal Year Covered From:			
		1 / 2004 Throu	ugh: 12 / 31	/ 2004	
3. Name and address of person filing.		4. Name, file number, and address of labor organization.			
Name Arthur R Casillas		Name IRON WORKERS District Council of Texas			
		Labor Organization File Number 027-	377		
P.O. Box, Bldg., Room No., if	any	P.O. Box, Building and Room Number, if any			
Street 3003 Dawn Dr., Suite 104		Street 3003 Dawn Dr., Suite 104			
City Georgetown		City Georgetown			
State Texas	ZIP Code + 4 78628-2800	State Texas	ZIP Code + 4	78628-2800	
5. Position in labor organization	n. Organizer		laterare deserve e e un monte a menumenta a un constante e un cons	minuman construents construents and construents and construents and construents and construents and construents	
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Name of Person Filling Arthur Casillas		File Number U -	
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines tively seeking to represent, or directly to or otherwise	s	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name IMPACT	Section 1		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any			
Street 1750 New York Ave., NW, NW Lobby	c. Employer		
City Washington			
State District of Columbia ZIP Code + 4 20006			
10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature		ing.	
Name	Receives contributions from employers who have collective bargaining contracts with Local Unions.		
Trade Name, if any:	\$4,519,541. IMPACT leases offi	ce space and emp	loyees from Iron
P.O. Box, Bldg., Room No., if any	Workers - \$1,057,2	84.	
Street	11 Approximate of the control of th		
City	 11.b. Approximate dollar value of such dealing. \$5,576,825 12.a. Nature of interest held or income received. 		
State ZIP Code + 4	6/14/2004	Partition of the second se	
	New Orleans Region	al Advisory Boar	·d
	Food and Drinks		
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	12.b. Amount.		\$123
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		auronapo - ega, grapamente e politik a aurono a ser estra especial que que di alea a com-
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Trade Name, if any:	of invadence was passed		
P.O. Box, Bldg., Room No., if any			The second secon
Street	John Committee C		
City	Volume (Approximate of Approximate o		entire attended to the control of th
State State State	Provided the Control of the Control	e normale state and annual	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		